# 10/526457

#### APPLICATION DATA SHEET

# DT01 Rec'd PCT/PTC 0 3 MAR 2005

### **Application Information**

Application Number:: New

Filing Date:: 03/03/05

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: None

Suggested Group Art Unit:: None

CD-ROM or CD-R?:: None

Sequence Submission:: None

Title:: PURINE NUCLEOSIDES AS ANTI-

**APOPTOTIC AGENTS** 

Attorney Docket Number:: BEP 3006.01

Request for Early Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?:: Yes

Petition Included?:: No

Licensed US Govt. Agency:: None

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Francesco

Middle Name::

Family Name:: Caciagli

Name Suffix::

City of Residence:: Chieti

Country of Residence:: Italy

Street Mailing Address:: Vie Dei Vestini, 172-C

City of Mailing Address:: Chieti

DT01 Rec d FCT/F 0 3 MAR 200

Attorney Docket No.: BEP 3006.01

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: I-66013

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Renata

Middle Name::

Family Name:: Ciccarelli

Name Suffix::

City of Residence:: Chieti

Country of Residence:: Italy

Street Mailing Address:: Via Dei Sabelli, N. 40

City of Mailing Address:: Chieti

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: I-66100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy

Status:: Full Capacity

Given Name:: Patrizia

Middle Name::

Family Name:: Di Lorio

Name Suffix::

City of Residence:: Chieti

Country of Residence:: Italy

Street Mailing Address:: Via Dei Vestini, 172-C

City of Mailing Address:: Chieti

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing Address:: I-66013

Attorney Docket No.: BEP 3006.01

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Canada

Status::

**Full Capacity** 

Given Name::

Sonya

Middle Name::

Family Name::

Kleywegt

Name Suffix::

City of Residence::

Guelph

State or Province of Residence::

ON

Country of Residence::

Canada

Street Mailing Address::

31 Carrington Place

City of Mailing Address::

Guelph

State or Province of Mailing Address::

Ontario

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address:: N1G 5C2

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

Canada

Status::

**Full Capacity** 

Given Name::

Eva

Middle Name::

Susanne

Family Name::

Werstiuk

Name Suffix::

City of Residence::

Hamilton

State or Province of Residence::

ON

Country of Residence::

Canada

Street Mailing Address::

38 Whitton Road

City of Mailing Address::

Hamilton

State or Province of Mailing Address::

Ontario

## 10/526457 DT04 Rec'd PCT/PTC 0 3 MAR 2005

Application No.: New Attorney Docket No.: BEP 3006.01

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: L8S 4C7

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Michel

Middle Name:: P.

Family Name:: Rathbone

Name Suffix::

City of Residence:: Hamilton

State or Province of Residence:: ON

Country of Residence:: Canada

Street Mailing Address:: 15 Ricardo Court

City of Mailing Address:: Hamilton

State or Province of Mailing Address:: Ontario

Country of Mailing Address:: Canada

Postal or Zip Code of Mailing Address:: L8W 2S1

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Eva

Middle Name::

Applicant Authority Type::

Family Name:: Vertes

Name Suffix::

City of Residence:: Dundas

State or Province of Residence:: ON

Country of Residence:: Canada

Street Mailing Address:: 5 Highland Park Drive

Inventor

Application No.: New Attorney Docket No.: BEP 3006.01

City of Mailing Address::

Dundas

State or Province of Mailing Address::

Ontario

Country of Mailing Address::

Canada

Postal or Zip Code of Mailing Address:: L9H 3L7

**Correspondence Information** 

Correspondence Customer Number::

30868

Name::

Arlir M. Amado

Street of Mailing Address::

Kramer & Amado, P.C.

2001 Jefferson Davis Highway

Suite 1101

City of Mailing Address::

Arlington

State or Province of Mailing Address::

VA

Country of Mailing Address::

US

Postal or Zip Code of Mailing Address:: 22202

Phone Number::

703-413-5000

Fax Number::

703-413-5048

E-mail address::

arlir@kramerip.com

#### Representative Information

	· · · · · · · · · · · · · · · · · · ·
Representative Customer Number::	30868
Representative Customer Number	1 30000
The second secon	1
	<b>!</b>

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Utility Filing	60/407,310	09/03/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/CA03/001291	09/03/03	Yes